

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue; NW

Suite 500 South Building

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Borchardt

Signature of Treasurer

Electronically Filed by Robert Borchardt

Date

09

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		119244.78
(b) Cash on Hand at Beginning of Reporting Period .....	209816.07	
(c) Total Receipts (from Line 19) .....	14097.39	257352.46
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	223913.46	376597.24
7. Total Disbursements (from Line 31) .....	24300.05	176983.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	199613.41	199613.41
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10524.40	146639.01
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1072.99	11213.45
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	11597.39	157852.46
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	2500.00	87000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	14097.39	244852.46
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	12500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14097.39	257352.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14097.39	257352.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1110.05	1645.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1110.05	1645.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	156323.58
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	16190.00	19015.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24300.05	176983.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	24300.05	176983.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14097.39	244852.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14097.39	244852.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1110.05	1645.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1110.05	1645.25

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Akey Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Sr. Director Publications & Strategic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.05		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-1 Amount of Each Receipt this Period 41.67
<b>B.</b> Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2166.66		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-5 Amount of Each Receipt this Period 208.33
<b>C.</b> Full Name (Last, First, Middle Initial) Carmella Bocchino Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2166.66		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 20060827-4 Amount of Each Receipt this Period 208.33

**SUBTOTAL** of Receipts This Page (optional) .....

458.33

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-6	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Borchardt		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-5	
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer America's Health Insurance Plans	Occupation Senior Vice President Finance & Operat		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Brainerd		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 8100 34th Ave S PO Box 1309; MS 21110A		<b>Transaction ID:</b> 9708320608016280350	
City Bloomington State MN Zip Code 55425-1672	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer HealthPartners; Inc.	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional) .....

2050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-7	
City Washington	State DC	Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33	
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28		
<b>B.</b> Full Name (Last, First, Middle Initial) Francie Burkhart		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-6	
City Washington	State DC	Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33	
Name of Employer America's Health Insurance Plans	Occupation Director Political Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28		
<b>C.</b> Full Name (Last, First, Middle Initial) Winthrop Cashdollar		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-10	
City Washington	State DC	Zip Code 20004-2601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50	
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

**SUBTOTAL** of Receipts This Page (optional) .....

229.16

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 50

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Winthrop Cashdollar

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-9

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**B.** Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-11

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**C.** Yvonne Chanatry

Mailing Address 1276 N Wayne St  
#1223

City State Zip Code  
Arlington VA 22201-5848

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-10

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Kathleen Cooney		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 7833 W. 96th Street		<b>Transaction ID:</b> 7120370608016364065
City Bloomington	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HealthPartners, Inc.	Occupation EVP & Chief Admin Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-12
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

<b>C.</b> Full Name (Last, First, Middle Initial) Ann Curry		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-11
City Washington	State DC	Zip Code 20004-2601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer America's Health Insurance Plans	Occupation Deputy Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

**SUBTOTAL** of Receipts This Page (optional) .....

1083.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-13 Amount of Each Receipt this Period 20.83
City Washington	State DC	
Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Program Manager; VSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>B.</b> Full Name (Last, First, Middle Initial) Gregory Daphnis		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-12 Amount of Each Receipt this Period 20.83
City Washington	State DC	
Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Program Manager; VSD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28	

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-14 Amount of Each Receipt this Period 62.50
City Washington	State DC	
Zip Code 20004-2601		
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Director of AHIP Learning &	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

104.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gregory Dean		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-13 Amount of Each Receipt this Period 62.50
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Executive Director of AHIP Learning & Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-15 Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP; Federal Affairs Aggregate Year-to-Date ▼ 833.36	

<b>C.</b> Full Name (Last, First, Middle Initial) Jill Dowell		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-14 Amount of Each Receipt this Period 83.33
City Washington State DC Zip Code 20004-2601	FEC ID number of contributing federal political committee. C	
Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation VP; Federal Affairs Aggregate Year-to-Date ▼ 833.36	

**SUBTOTAL** of Receipts This Page (optional) .....

229.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President; State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-17

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Gabardi

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President; State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-16

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel; Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-19

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional) .....

270.83

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joni Hong

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel; Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-18

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-21

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Donna Horoschak

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-20

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

187.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) George Isham Mailing Address 1108 Hollybrook Drive City State Zip Code Wayzata MN 55391 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer HealthPartners, Inc. Occupation Medical Director and Chief Health Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 08 / 01 / 2006 <b>Transaction ID:</b> 5686860608016322082 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Director of Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt MM / DD / YYYY 08 / 15 / 2006 <b>Transaction ID:</b> 20060818-23 Amount of Each Receipt this Period 30.00
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Keefer Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City State Zip Code Washington DC 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Director of Policy Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00		Date of Receipt MM / DD / YYYY 08 / 31 / 2006 <b>Transaction ID:</b> 20060827-22 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Vice President; Medical Affairs Aggregate Year-to-Date ▼ 448.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-25 Amount of Each Receipt this Period 28.00
<b>B.</b> Full Name (Last, First, Middle Initial) Barbara Lardy Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Vice President; Medical Affairs Aggregate Year-to-Date ▼ 448.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 20060827-24 Amount of Each Receipt this Period 28.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jeff Lemieux Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Senior Vice President; Center for Heal Aggregate Year-to-Date ▼ 2000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-27 Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) .....

181.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Jeff Lemieux

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President; Center for Heal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-26

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B.** Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive VP; Advocacy & Professiona

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-29

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

**C.** Dan Leonard

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive VP; Advocacy & Professiona

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-28

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

541.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Special Projects; Federal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-30

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Joe Lessen

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Special Projects; Federal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-29

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Robert Menkes

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-34

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional) .....

93.76

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Menkes		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-33
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 10.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Strategic Planning	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 791.68	

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-36
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Thomas Meyers		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-35
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Executive Director Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

**SUBTOTAL** of Receipts This Page (optional) .....

50.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Regional Director State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28		Date of Receipt MM / DD / YYYY 08 / 15 / 2006 <b>Transaction ID:</b> 20060818-38 Amount of Each Receipt this Period 20.83
<b>B.</b> Full Name (Last, First, Middle Initial) Martin Mitchell Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Regional Director State Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.28		Date of Receipt MM / DD / YYYY 08 / 31 / 2006 <b>Transaction ID:</b> 20060827-37 Amount of Each Receipt this Period 20.83
<b>C.</b> Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation State Advocacy Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		Date of Receipt MM / DD / YYYY 08 / 15 / 2006 <b>Transaction ID:</b> 20060818-39 Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) .....

**83.33**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Betsy Pelovitz Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation State Advocacy Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 20060827-38 Amount of Each Receipt this Period 41.67
<b>B.</b> Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.56		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-40 Amount of Each Receipt this Period 104.16
<b>C.</b> Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Vice President Strategic Communication Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1666.56		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 20060827-39 Amount of Each Receipt this Period 104.16

**SUBTOTAL** of Receipts This Page (optional) .....

**249.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-42

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Richard Ramsay

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-41

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sue A Rohan

Mailing Address 601 Penn Ave; NW  
Suite 500 South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHIP

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-44

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Patricia P Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		<b>Transaction ID:</b> 20060818-47
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer AHIP	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

<b>B.</b> Full Name (Last, First, Middle Initial) Patricia P Smith		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Penn Ave; NW Suite 500 South Building		<b>Transaction ID:</b> 20060827-46
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer AHIP	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-48
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. C		
Name of Employer America's Health Insurance Plans	Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1304.40	

**SUBTOTAL** of Receipts This Page (optional) .....

253.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Stellar		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-47	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 86.96	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Executive Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1304.40	
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-49	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President Federal Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3269.60	
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Styles		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-48	
City Washington State DC Zip Code 20004-2601		Amount of Each Receipt this Period 204.35	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Senior Vice President Federal Legislat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3269.60	

**SUBTOTAL** of Receipts This Page (optional) .....

495.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director; Strategic Communicati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-51

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Jonathan Tilton

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director; Strategic Communicati

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-50

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Amy B Timmons

Mailing Address 601 Pennsylvania Ave NW  
Suite 500

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHIP

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-52

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

83.33

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Amy B Timmons

Mailing Address 601 Pennsylvania Ave NW  
Suite 500

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHIP

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-51

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B.** Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President of Strategic Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-54

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C.** Michael Tuffin

Mailing Address 601 Pennsylvania Ave NW  
South Bldg; Ste 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President of Strategic Com

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-53

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

291.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060818-55
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

<b>B.</b> Full Name (Last, First, Middle Initial) Rod Turner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-54
City Washington State DC Zip Code 20004-2601	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Vice President; Product Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.28	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Van Koevering		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 107 Chocolay Downs Golf Dr		<b>Transaction ID:</b> 20060818-56
City Marquette State MI Zip Code 49855-9542	Amount of Each Receipt this Period 45.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer America's Health Insurance Plans	Occupation Deputy Director; Federal Legislative A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

**SUBTOTAL** of Receipts This Page (optional) .....

211.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 107 Chocolay Downs Golf Dr

City State Zip Code  
 Marquette MI 49855-9542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director; Federal Legislative A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-55

Amount of Each Receipt this Period

45.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
 South Bldg; Ste 500

City State Zip Code  
 Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Director; Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-58

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Ave NW  
 South Bldg; Ste 500

City State Zip Code  
 Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Director; Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-57

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

86.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

A. Andrea Walsh

Mailing Address 7212 Fleetwood Drive

City State Zip Code  
 Edina MN 55439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HealthPartners, Inc.

Occupation  
EVP & Chief Marketing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 1 / 2 0 0 6

Transaction ID: 3202820608016350851

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tom Wilder

Mailing Address 601 Pennsylvania Ave NW  
 South Bldg; Ste 500

City State Zip Code  
 Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; Private Market Regulat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 5 / 2 0 0 6

Transaction ID: 20060818-59

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Tom Wilder

Mailing Address 601 Pennsylvania Ave NW  
 South Bldg; Ste 500

City State Zip Code  
 Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President; Private Market Regulat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 3 1 / 2 0 0 6

Transaction ID: 20060827-58

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional) .....

1083.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Joseph Winn Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation State Advocacy Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-61 Amount of Each Receipt this Period 41.67
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Winn Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation State Advocacy Regional Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 666.72		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> 20060827-60 Amount of Each Receipt this Period 41.67
<b>C.</b> Full Name (Last, First, Middle Initial) Duane Wright Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500 City Washington State DC Zip Code 20004-2601 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer America's Health Insurance Plans Occupation Director; Legislative Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.04		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6 <b>Transaction ID:</b> 20060818-62 Amount of Each Receipt this Period 62.50
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		145.84
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Duane Wright		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address 601 Pennsylvania Ave NW South Bldg; Ste 500		<b>Transaction ID:</b> 20060827-61	
City Washington	State DC	Amount of Each Receipt this Period 62.50	
Zip Code 20004-2601			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer America's Health Insurance Plans		Occupation Director; Legislative Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.04	
<b>B.</b> Full Name (Last, First, Middle Initial) Donna Zimmerman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6	
Mailing Address 8100 34th Ave S PO Box 1309; MS 2111OG		<b>Transaction ID:</b> 8949640608016305290	
City Bloomington	State MN	Amount of Each Receipt this Period 500.00	
Zip Code 55425-1672			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer HealthPartners; Inc.		Occupation Vice President; Government & Community	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

562.50

**TOTAL** This Period (last page this line number only) .....

10524.40

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Genworth Financial Inc Political Action Committee Genworthpac

Mailing Address 6620 West Broad Street

City	State	Zip Code
Richmond	VA	23230

FEC ID number of contributing  
federal political committee.**C** C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	6

**Transaction ID:** 6850760608016512782

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

2500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 50

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Citibank

Mailing Address 1101 Pennsylvania Ave; NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Svc Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 0205950609184722482

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2006

Amount of Each Disbursement this Period

152.94

Full Name (Last, First, Middle Initial)

**B.** Citibank

Mailing Address 1101 Pennsylvania Ave; NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Svc Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 7225900609184738743

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2006

Amount of Each Disbursement this Period

31.66

Full Name (Last, First, Middle Initial)

**C.** Citibank

Mailing Address 1101 Pennsylvania Ave; NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Amex Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 6135370609184742060

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2006

Amount of Each Disbursement this Period

4.50

**SUBTOTAL** of Disbursements This Page (optional) .....

189.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Citibank

Mailing Address 1101 Pennsylvania Ave; NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Svc Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 5205890609184734831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3.35

Full Name (Last, First, Middle Initial)

**B.** Citibank

Mailing Address 1101 Pennsylvania Ave; NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Merchant Svc Fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 9497750609184732090

Date of Disbursement

/   /

Amount of Each Disbursement this Period

897.60

**SUBTOTAL** of Disbursements This Page (optional) .....

900.95

**TOTAL** This Period (last page this line number only) .....

1090.05

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

## **A. Committee for a Democratic Majority**

Mailing Address 301 4th Street Northeast Suite 202  
Suite 202

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2006 Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 6204750607316227644

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
2006 General

Candidate Name  
Nunes Devin

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: 4021910607316228772

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Friends of Sam Johnson**

Mailing Address 1611 Avenue K

City Plano State TX Zip Code 75074

Purpose of Disbursement  
2006 General

Candidate Name  
Johnson Sam

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 03

Transaction ID: 7916310607316223580

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

## **A. People with Hart Inc**

Mailing Address PO Box 435

City  
Wexford

State  
PA

Zip Code  
15090

Purpose of Disbursement  
2006 General

Candidate Name  
Hart Melissa

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: 1732870607316234870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Regula for Congress Committee**

Mailing Address 228 S. Washington St. Ste. 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2006 General

Candidate Name  
Regula Ralph

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: 8368140607316212710

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Ryan for Congress**

Mailing Address PO Box 1919

City  
Janesville

State  
WI

Zip Code  
53547

Purpose of Disbursement  
2006 General

Candidate Name  
Ryan Paul

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: 6921960607316226270

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Volunteers for Shimkus

Mailing Address PO Box 5458

City  
Springfield

State  
IL

Zip Code  
62705

Purpose of Disbursement  
2006 General

Candidate Name  
Shimkus John

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 3926780607316233682

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

7000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Behn for Senate

Mailing Address 1313 Quill Ave

City  
Boone

State  
IA

Zip Code  
50036

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 1341140608184896431

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** BILL DUNN FOR HOUSE

Mailing Address 5309 LAVESTA ROAD

City  
KNOXVILLE

State  
TN

Zip Code  
37918

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 6940970608105946776

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** BILL KETRON FOR SENATE

Mailing Address 12 Jefferson Squar  
805 South Church Street

City  
Murfreesboro

State  
TN

Zip Code  
37130

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3936180608105832320

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. Bob Damron for House of Representatives**

Mailing Address 231 Fairway West

City State Zip Code  
Nicholasville KY 40356

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 1873360608184923712

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. BOB MCKEE FOR HOUSE**

Mailing Address 536 BREWER STREET

City State Zip Code  
Athens TN 37303

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2356380608105980144

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CHARLES CURTISS FOR HOUSE**

Mailing Address 120 GENERAL JONES ROAD

City State Zip Code  
Sparta TN 38583

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 9130350608105940894

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. CHARLES SARGENT FOR HOUSE**

Mailing Address 908 RIVERWOOD COURT

City  
FRANKLIN

State  
TN

Zip Code  
37069

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 7561410608105985280**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. CHARLOTTE BURKS FOR SENATE**

Mailing Address 18131 Crossville Highway

City  
Monterey

State  
TN

Zip Code  
38574

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 8163500608105790955**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. CITIZENS FOR GEOFFREY C. SMITH**

Mailing Address 865 MACON ALLEY

City  
Columbus

State  
OH

Zip Code  
43206

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 9669050608184936515**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. CITIZENS FOR HOTTINGER**

Mailing Address 386 SABRECUTT

City  
NEWARK

State  
OH

Zip Code  
43055

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 8668020608184937400

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR STIVERS**

Mailing Address 2500 SHERWIN ROAD

City  
Columbus

State  
OH

Zip Code  
43221

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 9450890608184934126

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Clarence Hoffman**

Mailing Address 869 South 5th Street

City  
Charter Oak

State  
IA

Zip Code  
51439

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 9013450608184898480

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Danny Morgan 2006**

Mailing Address NBU 4706

City  
Prague

State  
OK

Zip Code  
74864

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 5548270608244949836

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Committee to Elect David Swinford**

Mailing Address 519 Bradley Lane

City  
Dumas

State  
TX

Zip Code  
79029

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 1989120608184941273

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Committee to Elect Glenn Hegar**

Mailing Address Post Office Box 1008;

City  
Katy

State  
TX

Zip Code  
77492

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3312790608184943223

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Kirk England**

Mailing Address 3630 Green Hollow Drive

City State Zip Code  
Grand Prairie TX 75052

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 1380900608184942328

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. CRAIG FITZHUGH FOR HOUSE**

Mailing Address 135 S. ALPINE STREET

City State Zip Code  
Ripley TN 38063

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 0979600608105957716

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dan Seum for State Senate**

Mailing Address 1107 Holly Avenue

City State Zip Code  
Fairdale KY 40118

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3470240608184921114

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. David L. Williams for State Senate**

Mailing Address P.O. Box 666

City  
Burkesville

State  
KY

Zip Code  
42717

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 8881530608184919690**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DON MCLEARY FOR SENATE**

Mailing Address 125 Ed Smith Rd

City  
Humbolt

State  
TN

Zip Code  
38343

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 4560860608105838570**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DOUGLAS HENRY FOR SENATE**

Mailing Address 408 Wilsonia Avenue

City  
Nashville

State  
TN

Zip Code  
37205

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 5811360608105821380**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 50

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Friends for Sutton

Mailing Address Box 106

City  
Flamdreau

State  
SD

Zip Code  
57028

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3241100608184938912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Glenn Coffee 2006

Mailing Address 7308 N Norman Rd

City  
Oklahoma City

State  
OK

Zip Code  
73132

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 7180180608244948956

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** FRIENDS OF JIM RAUSSEN

Mailing Address 661 PARK AVENUE

City  
CINCINNATI

State  
OH

Zip Code  
45246

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3459450608184935068

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Friends of Ron Peterson (2006)

Mailing Address PO Box 1615

City  
Broken Arrow

State  
OK

Zip Code  
74013

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2032910608244955853

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Jim Gooch Jr. State Representative Campaign

Mailing Address 714 North Boradway  
B-2

City  
Providence

State  
KY

Zip Code  
42450

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 2944200608184924556

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Jody Richards for State Representative

Mailing Address 817 Culpeper St

City  
Bowling Green

State  
KY

Zip Code  
42103

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3652040608184922023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 47 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Julie Denton for State Senate

Mailing Address 1708 Golden Leaf Way

City Louisville State KY Zip Code 40245

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3015400608184918334

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Kris Steele Kris Steele For State Representative 2006

Mailing Address 4207 Blaine Rd

City Shawnee State OK Zip Code 74804

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 9921990608244950980

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Mike Morgan Senate Fund

Mailing Address 1008 Woodcrest

City Stillwater State OK Zip Code 74074

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3395390608244948044

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Oldson for State Representative

Mailing Address 418 38th Place

City  
Des Moines

State  
IA

Zip Code  
50312

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 3746120608184898975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Rocky Adkins for State Representative

Mailing Address PO Box 688

City  
Sandy Hook

State  
KY

Zip Code  
41171

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 6032980608184922793

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C.** Royal 'Mac' McCracken

Mailing Address 3120 Flint Drive

City  
Rapid City

State  
SD

Zip Code  
57703

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 0836050608184938170

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A. Speaker Jimmy Naifeh**

Mailing Address P.O. Box 97

City  
Covington

State  
TN

Zip Code  
38019

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 0746600608105853830**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. STEVE SOUTHERLAND FOR SENATE**

Mailing Address 322 West Hillcrest Drive

City  
Morristown

State  
TN

Zip Code  
37813

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 4247470608105845580**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. TIM BURCHETT FOR SENATE**

Mailing Address 8220 BENNINGTON DRIVE

City  
KNOXVILLE

State  
TN

Zip Code  
37909

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID: 3445150608105762230**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 50

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

Full Name (Last, First, Middle Initial)

**A.** Tom Buford for State Senate

Mailing Address 409 West Maple Street

City State Zip Code  
Nicholasville KY 40356

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 6744880608184917584

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B.** Warnstadt for Senate Committee

Mailing Address 3301 Chambers St.

City State Zip Code  
Sioux City IA 51104

Purpose of Disbursement  
Nonfederal Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 9275880608184895844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

14750.00